

Name  
in  
Full

Mrs. Frances Brooks

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> St. Michaels <sup>County</sup> Talbot

MARYLAND

Date of death 1907 <sup>Month</sup> June <sup>Day</sup> 1 <sup>Age</sup> 54 <sup>Years</sup> <sup>Months</sup> June <sup>Days</sup>

Sex Female Color or Race Colored Birthplace Bay Side Neck

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Horace Brooks

Father's Name Levi Jones Father's Birthplace Bay Side Neck

Mother's Maiden Name Sarah Love Mother's Birthplace

Name of person giving information G. O. Brooks How related to deceased Son

## CAUSES OF DEATH

79

Primary Diseased Heart, How long six months

Immediate Heart Disease How long Instantaneous

Are the name, age, sex, color, date and place correctly given above?

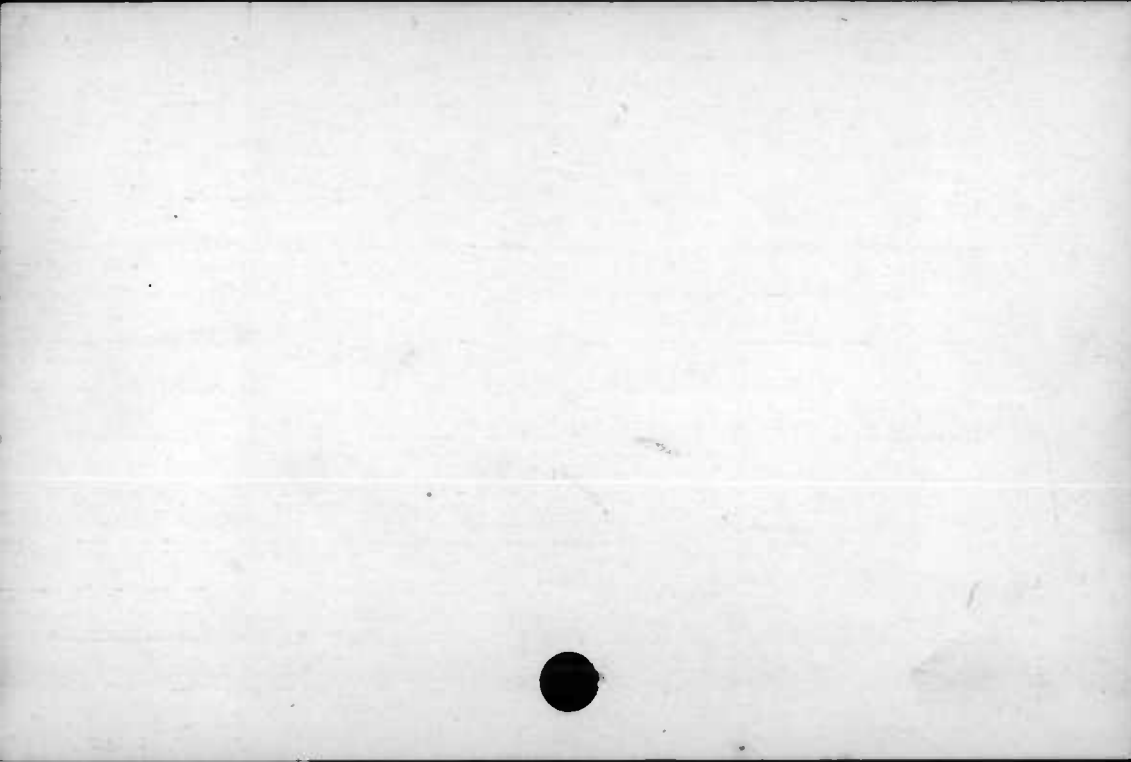
Signature of Physician

Address

Robert A. Dodson  
St. Michaels Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Clarence Brunnel

## CERTIFICATE OF DEATH

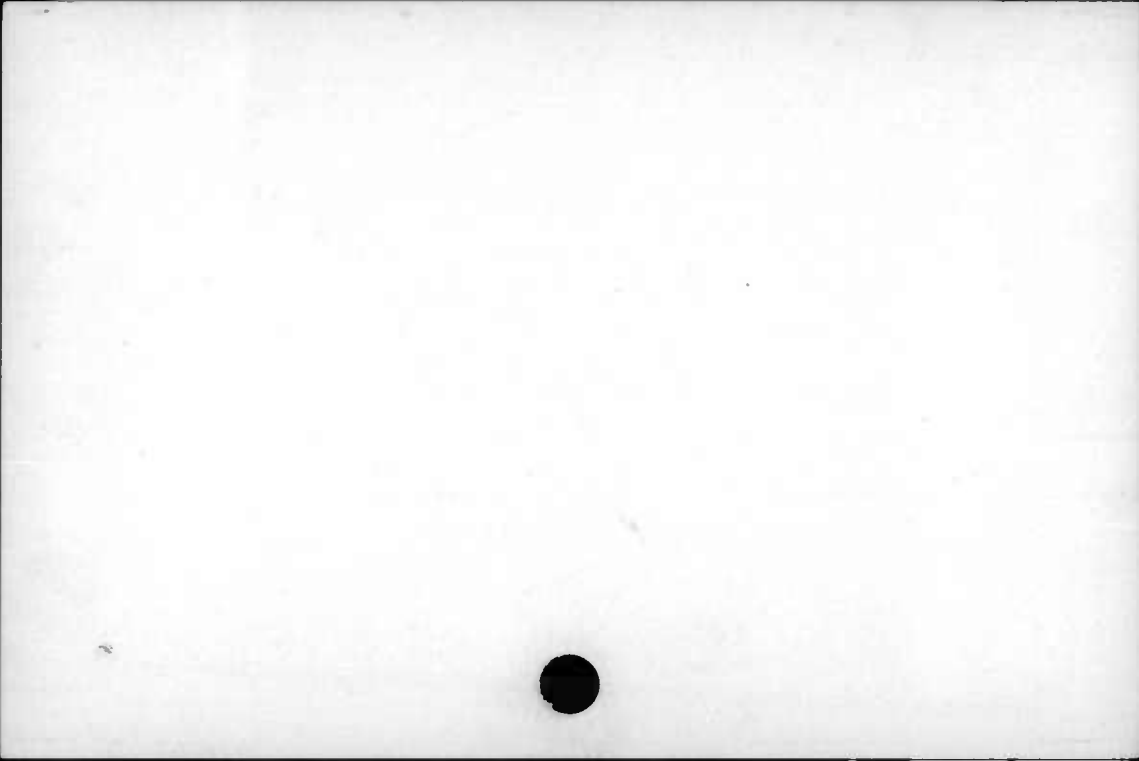
TO BE ANSWERED BY  
NEAREST FRIEND

Died near <sup>Town</sup> Trappe		<sup>County</sup> Talbot		MARYLAND	
Date of death	1907	Month	6	Day	26
Age		1		Months	4
Sex	Male	Color or Race	Negro	Birth-place	Talbot Co, Md
Occupation	None	Where Residing if not place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	George Brunnel	Father's Birthplace	Talbot Co Md		
Mother's Maiden Name	Sarah Camper	Mother's Birthplace	Talbot Co Md		
Name of person giving information	Geo Brunnel	How related to deceased	Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Hyperpyrexia	How long	18 hours -
Immediate	Dehydration	How long	2 weeks -
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Joseph A. Coas, M.D.
		Address	Trappe Talbot Co, Md
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

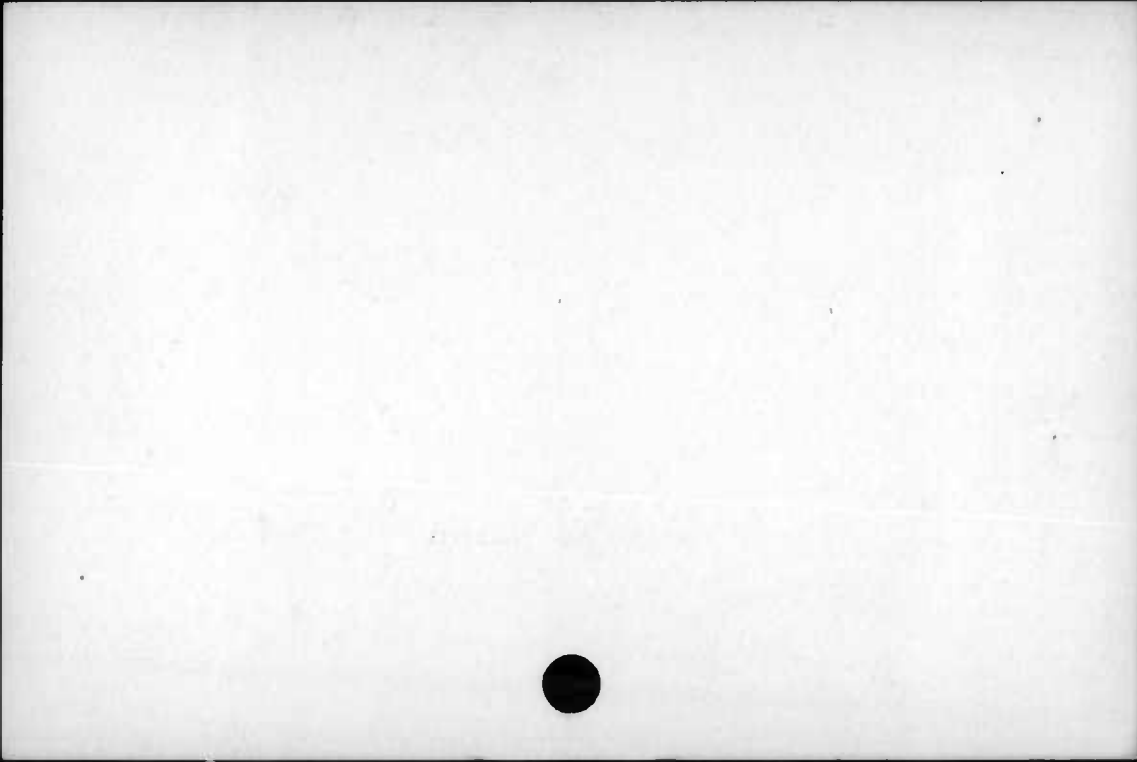
Name in Full <b>Lydia A. Burns</b>		Town <b>Heavetts</b>		County <b>Talbot</b>		STATE <b>MARYLAND</b>	
Died at		Date of death <b>1907</b>		Month <b>6</b>	Day <b>11</b>	Age <b>39</b>	Years <b>39</b>
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>St Michael</b>			
Occupation <b>Housewife</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Widow</b>		Name of Wife or Husband <b>Thomas E. Burns</b>					
Father's Name <b>Richard A. Mansfield</b>		Father's Birthplace <b>Talbot Co</b>					
Mother's Maiden Name <b>Elizabeth Buff</b>		Mother's Birthplace <b>Talbot Co</b>					
Name of person giving information <b>Grace Mortimer</b>		How related to deceased <b>Daughter</b>					

## CAUSES OF DEATH

(40)

PHYSICIAN  
OR CORONER

Primary	<b>Cancer of Stomach</b>	How long	<b>Does not know</b>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Dr. J. B. Smith</b>	
		Address <b>St Michael</b>	
Accident or Suicide? <b>No</b>		<b>Ind</b>	



Name  
in  
Full

Susan Conway

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

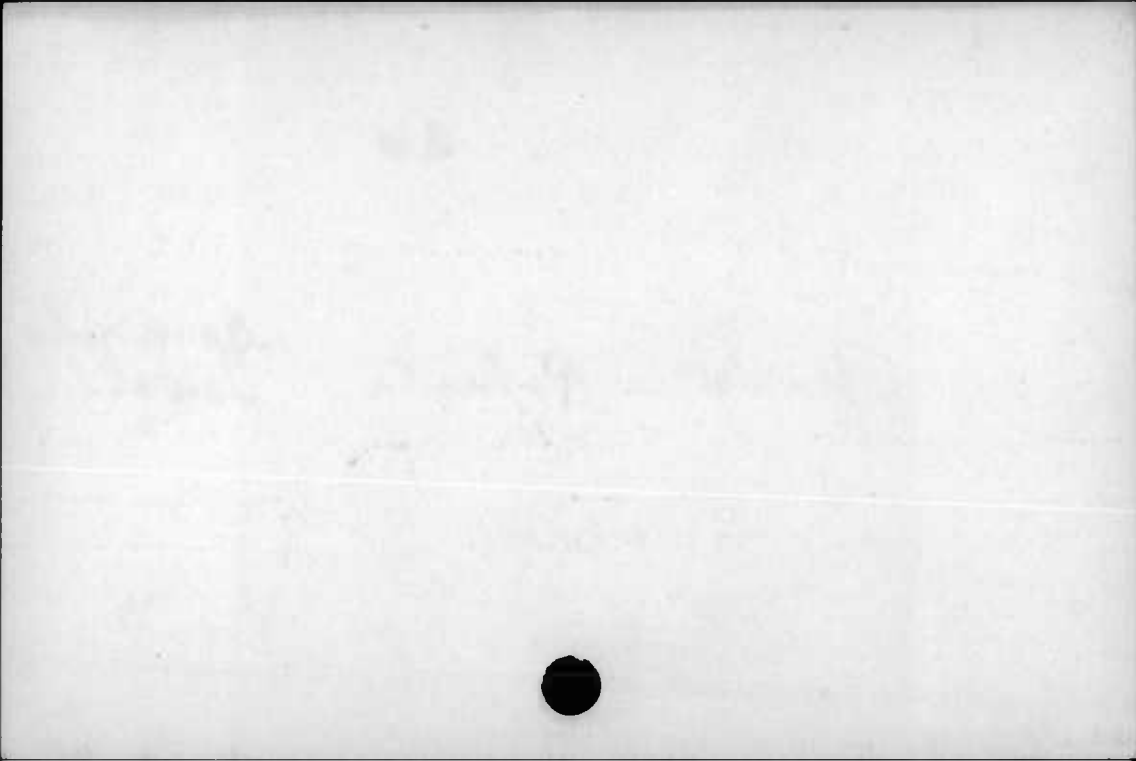
MARYLAND

Died at <sup>Town</sup> Eastern		<sup>County</sup> Talbot			
Date of death	1907	Month	June	Day	23
Sex	Female	Age	48	Years	
Color or Race	White	Months		Days	
Occupation	Seventeenth	Birth-place	MD		
Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis	How long	1 yr
Immediate	Cancer	How long	1 month
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
	Eastern		
Accident or Suicide?			





Name

in  
Full

## CERTIFICATE OF DEATH

Joseph Flanner

Died at <sup>Town</sup> Easton<sup>County</sup> Talbot

MARYLAND

Date  
of death 1907Month  
6Day  
21

Age

Years

26

Months

Days

Sex

Male

Color or  
Race

African

Birth-  
place

Talbot Co Md

Occupation

Laborer

Where Residing if not  
at place of death~~Married~~, Single  
~~or Widowed~~Name of Wife or  
HusbandFather's  
Name

Alex. Flanner

Father's  
Birthplace

Bartine Co

Mother's  
Maiden Name

Charlotte A. Roberts

Mother's  
Birthplace

Talbot Co

Name of person giving  
In formation

Alex. Flanner

How related  
to deceased

## CAUSE OF DEATH

(27)

Primary

Tuberculosis

How long

3 yrs.

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

Yes

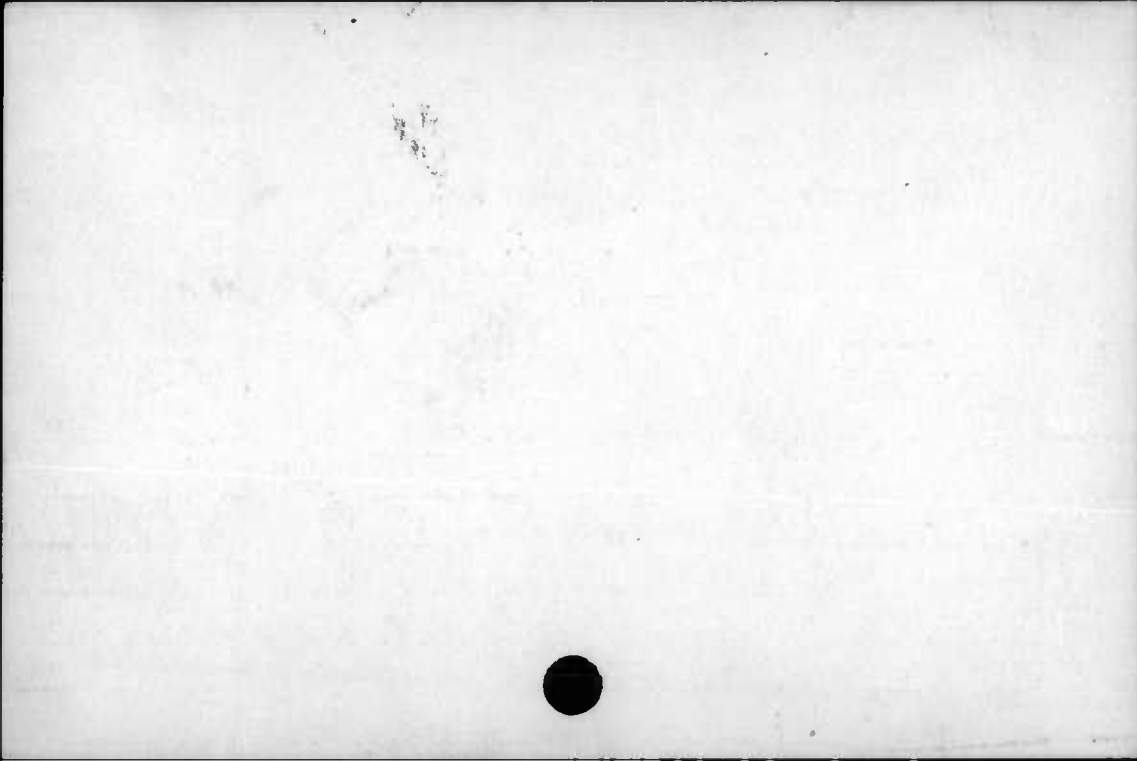
Signature of  
Physician

Address

A. Drury Bell (M.D.)  
Easton Md.

\*Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Francis, A. Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Royal Oak.</i>		Town <i>Talbot</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>25<sup>th</sup></i>	Age <i>5-1</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Talbot Co</i>					
Occupation <i>Domestic</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Saml. B. Harrison</i>						
Father's Name <i>W. M. Murphy</i>	Father's Birthplace <i>Talbot Co</i>						
Mother's Maiden Name <i>Francis A. Murphy</i>	Mother's Birthplace <i>Talbot Co</i>						
Name of person giving information <i>Saml. B. Harrison</i>	How related to deceased <i>Husband</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cause of Death <i>Causes of Uterus</i>	How long <i>Not Known</i>
Immediate Cause <i>Exhaustion</i>	How long <i>Several Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. F. Davidson</i>
	Address <i>Easton, Md.</i>
Accident or Suicide <i>Accident</i>	

0170110116

Name  
in  
Full

Georgianna Hughes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

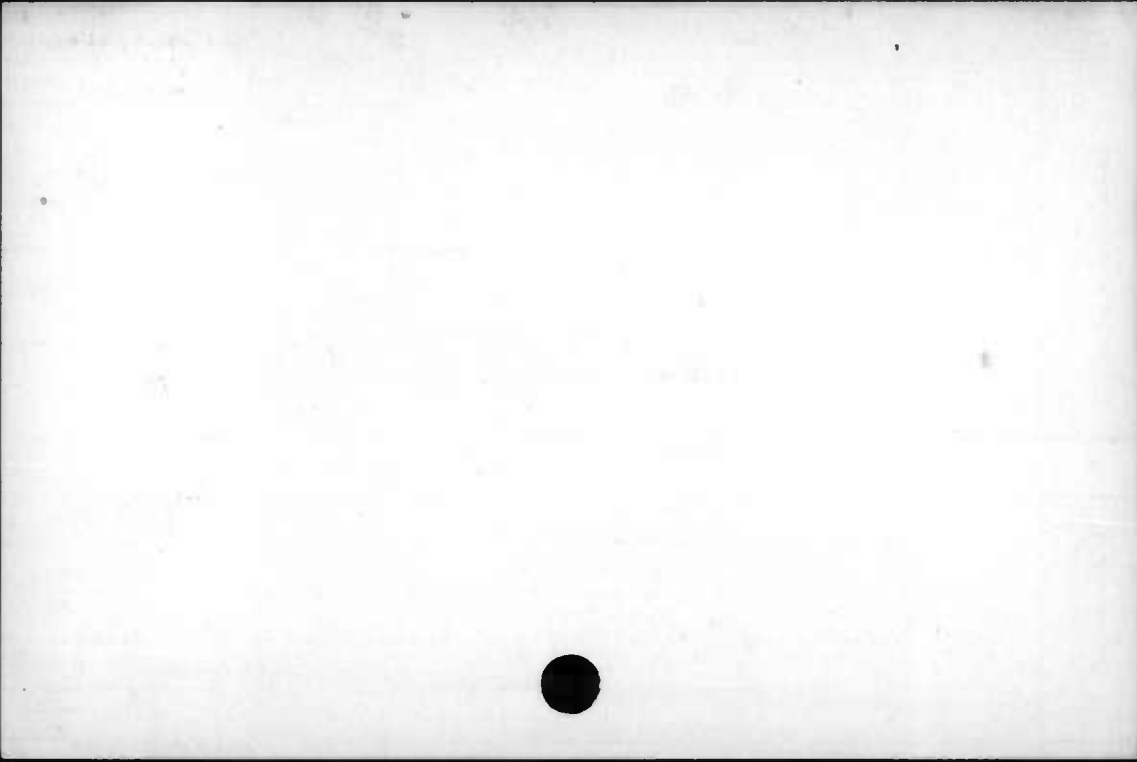
Died at <u>Easton</u> <small>TOWN</small>		<u>Talbot</u> <small>COUNTY</small>		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>8</u>	Years <u>74</u>	Months <u>9</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Talbot Co Md</u>		
Occupation <u>X</u>	Where Residing if not at place of death <u>X</u>				
<del>Married</del> Single <del>Widowed</del>	Name of <del>Wife</del> or Husband <u>Jesse Hughes</u>				
Father's Name <u>Richard J. Connell</u>	Father's Birthplace <u>X</u>				
Mother's Maiden Name <u>Ann Maria Murphy</u>	Mother's Birthplace				
Name of person giving Information <u>Walter C. Hughes</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <u>Coronary Vessel Thrombosis</u>	How long <u>15 years</u>
Immediate <u>Disease of the Heart</u>	How long <u>15 years</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. M. H. DeBenedictis</u>
	Address <u>Easton Md</u>
Accident or Suicide? <u>Neither</u>	



Name  
in  
Full

Elizabeth M. Wifiligh -  
Town County

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

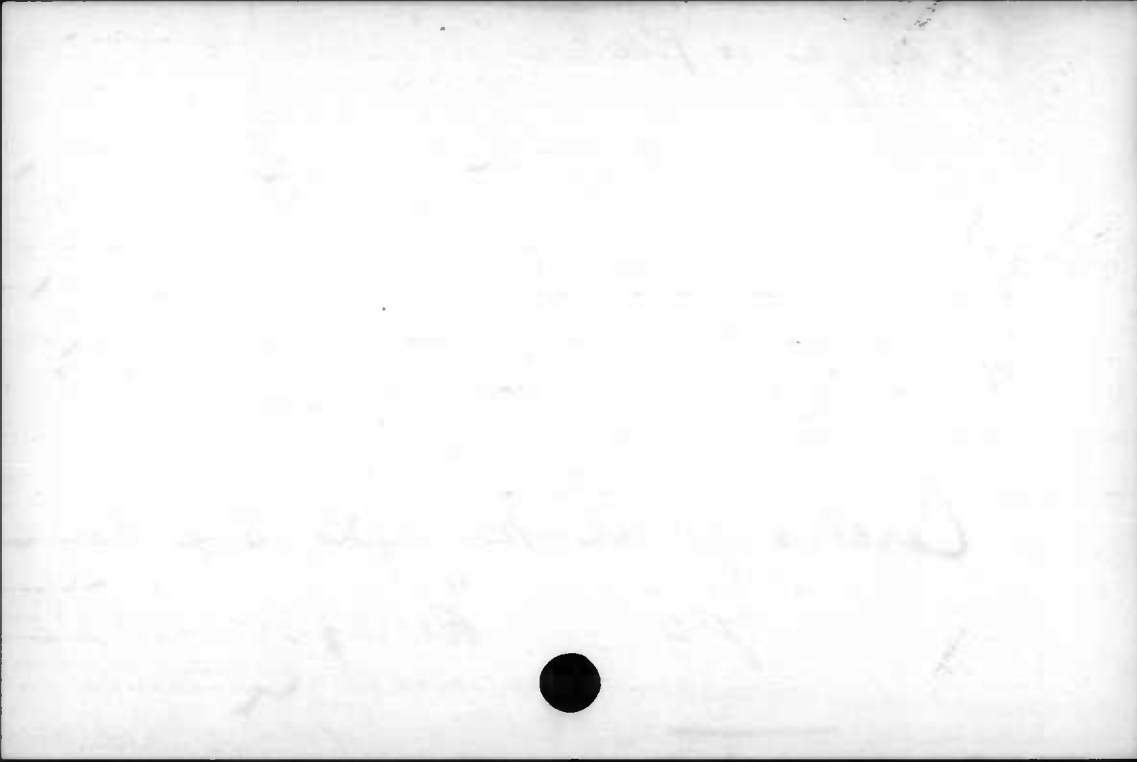
Died at		Date of death		Age		Months		Days	
Marquette		1907 June 2		78					
Sex		Color or Race		Birthplace					
Female		White		Marquette					
Occupation				Where Residing if not at place of death					
Homemaker				Marquette					
Married, Single or Widowed		Name of Wife or Husband							
Married		Thomas J. Wifiligh							
Father's Name		Gilbert Philipps				Father's Birthplace			
						Unknown			
Mother's Maiden Name		Charlotte Philipps				Mother's Birthplace			
						Unknown			
Name of person giving information						How related to deceased			
7									

CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary		How long	
Cancer Stomach			
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. J. B. Suth	
		Address	
		St. Michaels	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Rebecca J. Pastorfield</i>		Town <i>Royal Oak</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Royal Oak</i>		Month <i>June</i>		Day <i>18<sup>th</sup></i>		Years <i>76</i>	
Date of death <i>1907</i>		Month <i>June</i>		Day <i>18<sup>th</sup></i>		Years <i>76</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Talbot co md.</i>			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Philip I Pastorfield</i>					
Father's Name <i>Jamies C. of</i>		Father's Birthplace <i>Talbot co md.</i>					
Mother's Maiden Name —		Mother's Birthplace —					
Name of person giving information <i>W. T. Pastorfield</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary —	How long —
Immediate <i>Apoplexy</i>	How long <i>Instantaneously</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel C. Zipp</i>
	Address <i>Royal Oak Md</i>
Accident or Suicide? —	



Name  
in  
Full

CERTIFICATE OF DEATH

Elonza M. Pauls

Town

County

near Luebi Anne

Tolbot

MARYLAND

Date of death 1907 6 18 Age 9 Months 3 Days 25

Sex Male Color or Race Calves Birthplace Tolbot Co. Ind.

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed ~~Single~~ ~~Widowed~~ ~~Married~~

Father's Name John H. Pauls

Father's Birthplace Luebi Anne Ind.

Mother's Maiden Name Orrilla Bessick

Mother's Birthplace Corvick Ind.

Name of person giving information Father

How related to deceased

CAUSES OF DEATH

61

Primary Cerebrospinal Meningitis Six days

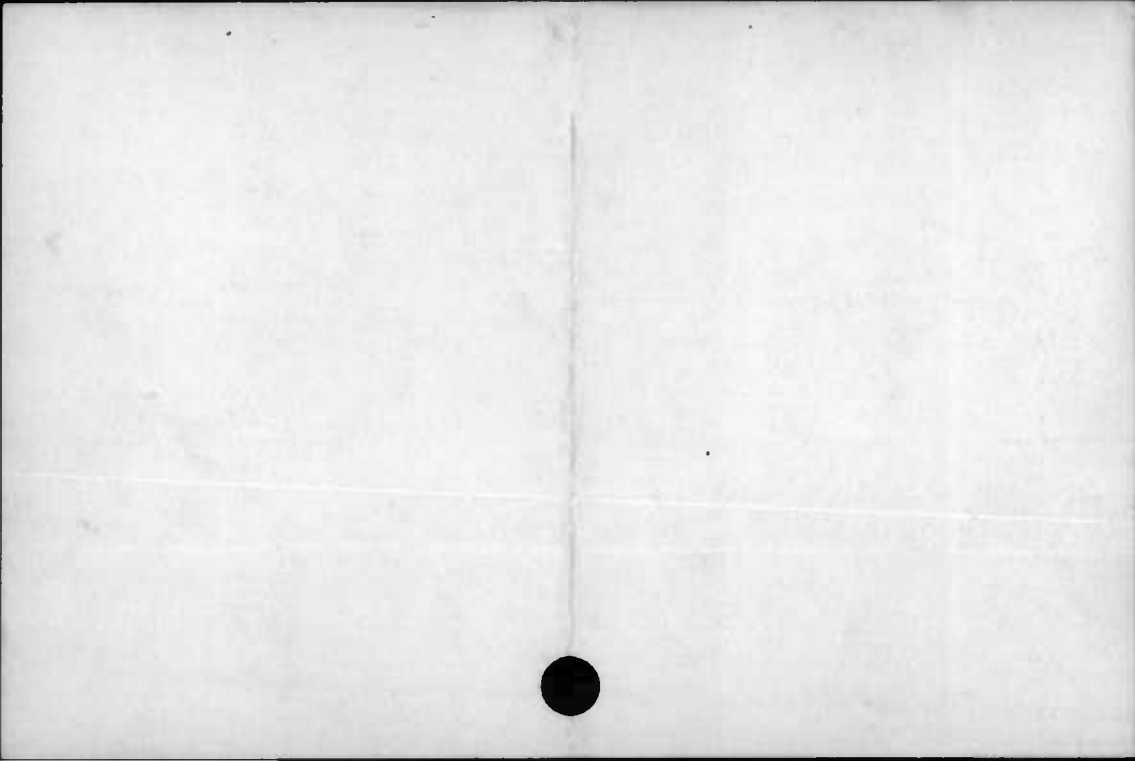
Immediate " Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Robley Hockett M.D. Address Luebi Anne Ind.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Raymond Sinclair

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

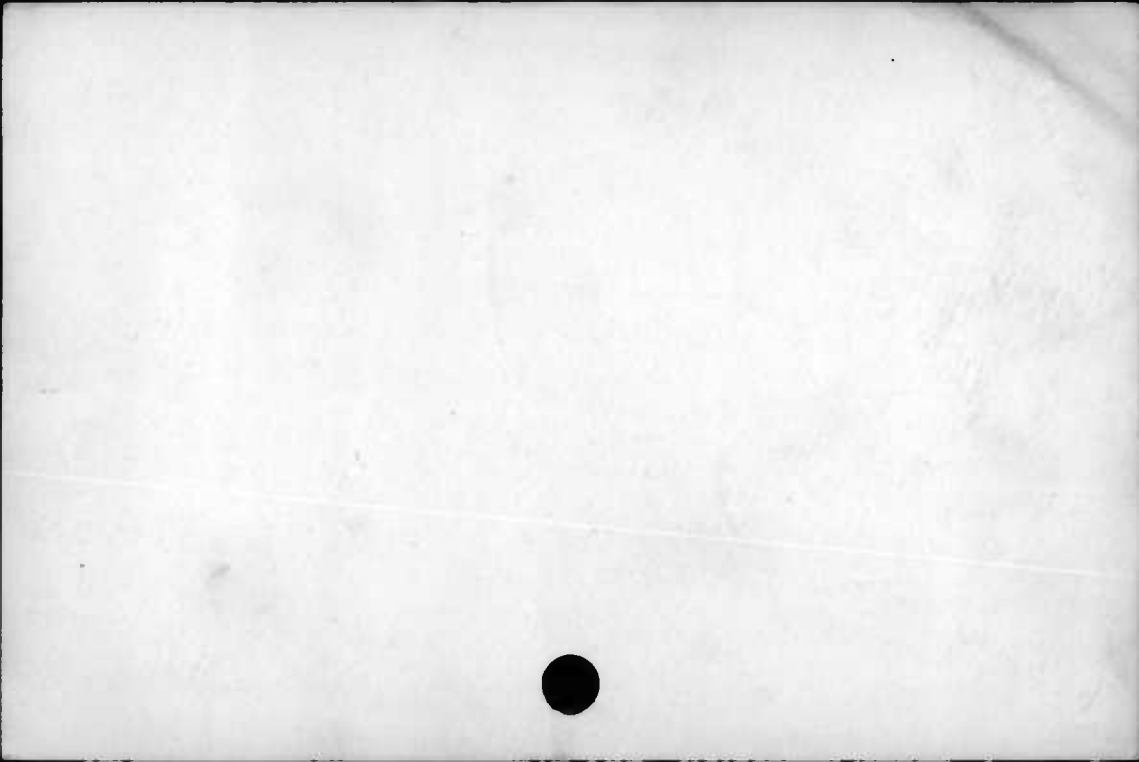
Died at		Tomb		County		MARYLAND		
Date of death		1907	June	26	Age	1	Months	Days
Sex		Male		Color or Race		White		Birth-place
Occupation				Where Residing if not at place of death		Talbot Co. Md.		Gilghman
Married, Single or Widowed		Single		Name of Wife or Husband				
Father's Name		Noah H. Sinclair		Father's Birthplace		Poplar Island		
Mother's Maiden Name		Bertha Jane Wilson		Mother's Birthplace		McDonnell		
Name of person giving information		Joseph H. Wilson		How related to deceased		Grand-father		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Gastro-Enteric Colitis	How long	Two weeks
Immediate	Asplenic	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		S. K. Wilson	
Address		Gilghman	
Accident or Suicide?		no	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

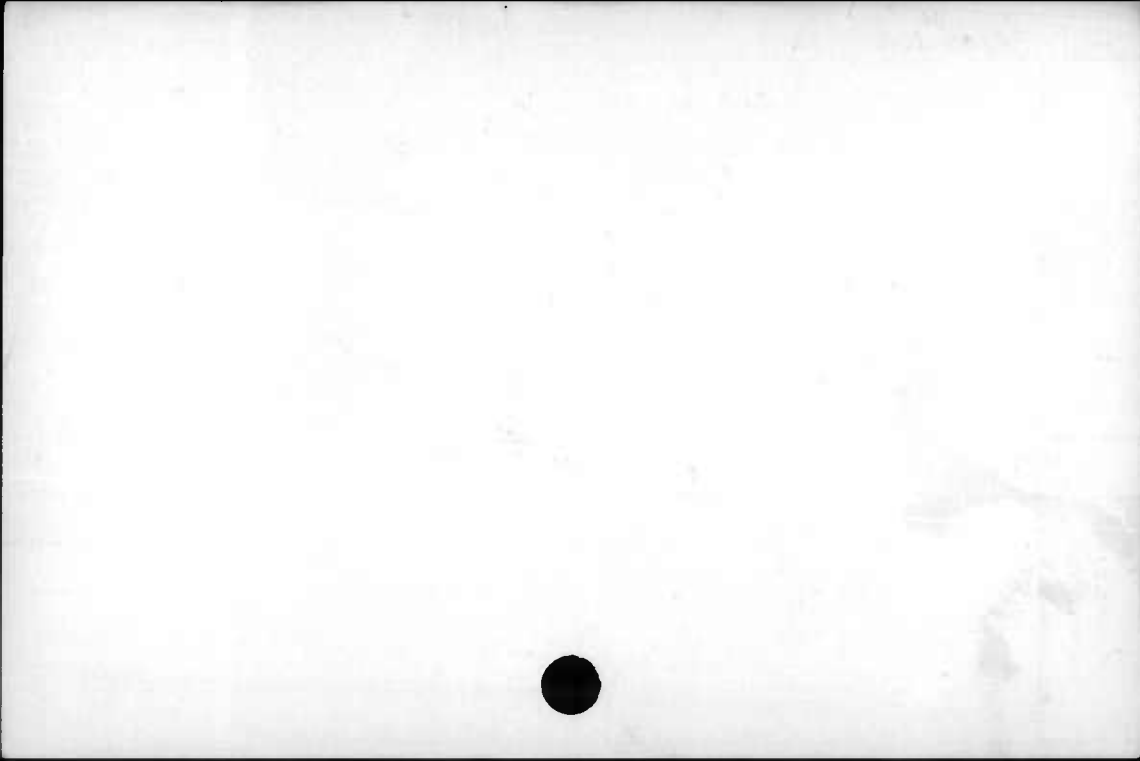
Died at <u>Easton</u> <sup>Town</sup>		<u>Talbot</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	<u>June</u> <sup>Month</sup>	<u>14</u> <sup>Day</sup>	Age <u>63</u> <sup>Years</sup>	<u>1</u> <sup>Months</sup>	<u>0</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birthplace <u>Talbot Co</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Easton</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary E. Skinner</u>				
Father's Name <u>James Skinner</u>	Father's Birthplace <u>Talbot Co</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Joe Skinner</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

125

PHYSICIAN  
OR CORONER

Primary <u>Enlarged Prostate</u>	How long <u>Six months</u>
Immediate <u>Uremic Poisoning</u>	How long <u>two weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>P. L. Harris</u>
	Address <u>Easton Md.</u>
Accident or Suicide? <u></u>	





Name  
in  
Full

Not named

Slow

## CERTIFICATE OF DEATH

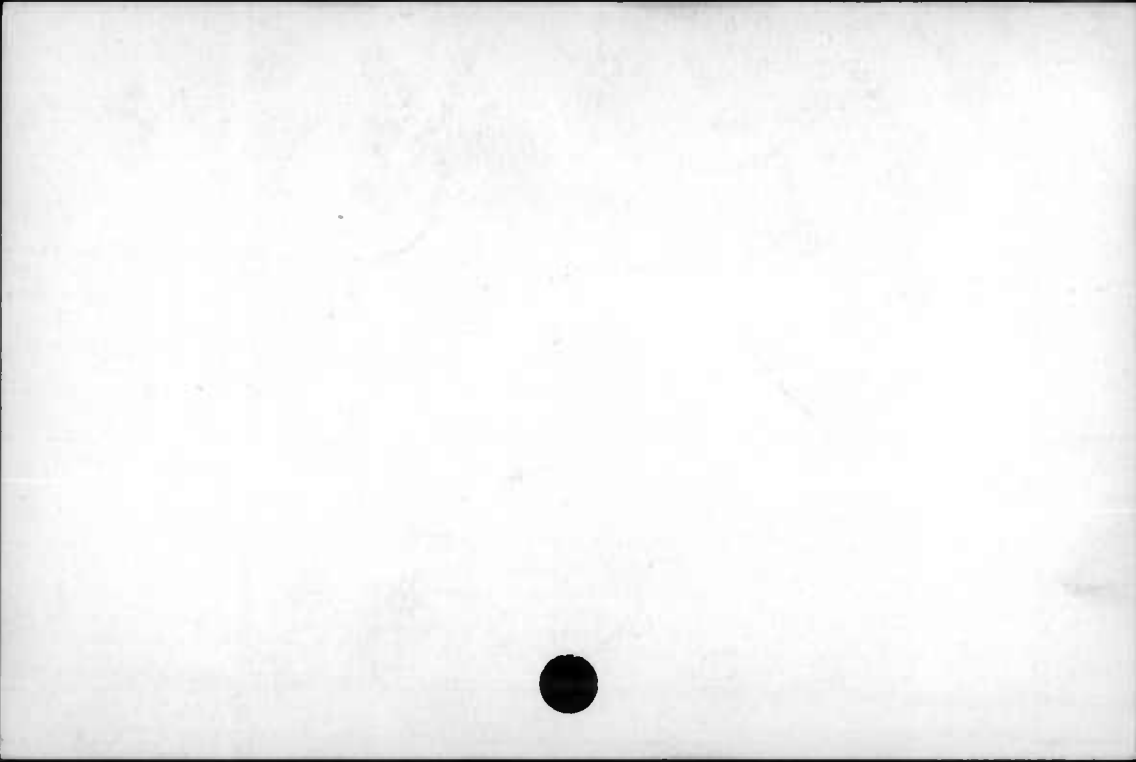
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Easton</i> <sup>Town</sup>		<i>Talbot</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	6	Day	24
Age	6	Years	0	Months	2
Sex	Male	Color or Race	Negro	Birth-place	Near Easton Md
Occupation	Baby		Where Residing if not at place of death		
Married, Single or Widowed	single		Name of Wife or Husband		
Father's Name	Geo Erbin Slow			Father's Birthplace	Talbot Co Md.
Mother's Maiden Name	Eliza Ann Newnam			Mother's Birthplace	" " "
Name of person giving information	Geo E. Slrvin			How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Immature birth</i>	How long	<i>2 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. F. Dand...</i>
		Address	<i>Easton Md</i>
Accident or Suicide?			



Name  
in  
Full

Hester Sparks

## CERTIFICATE OF DEATH

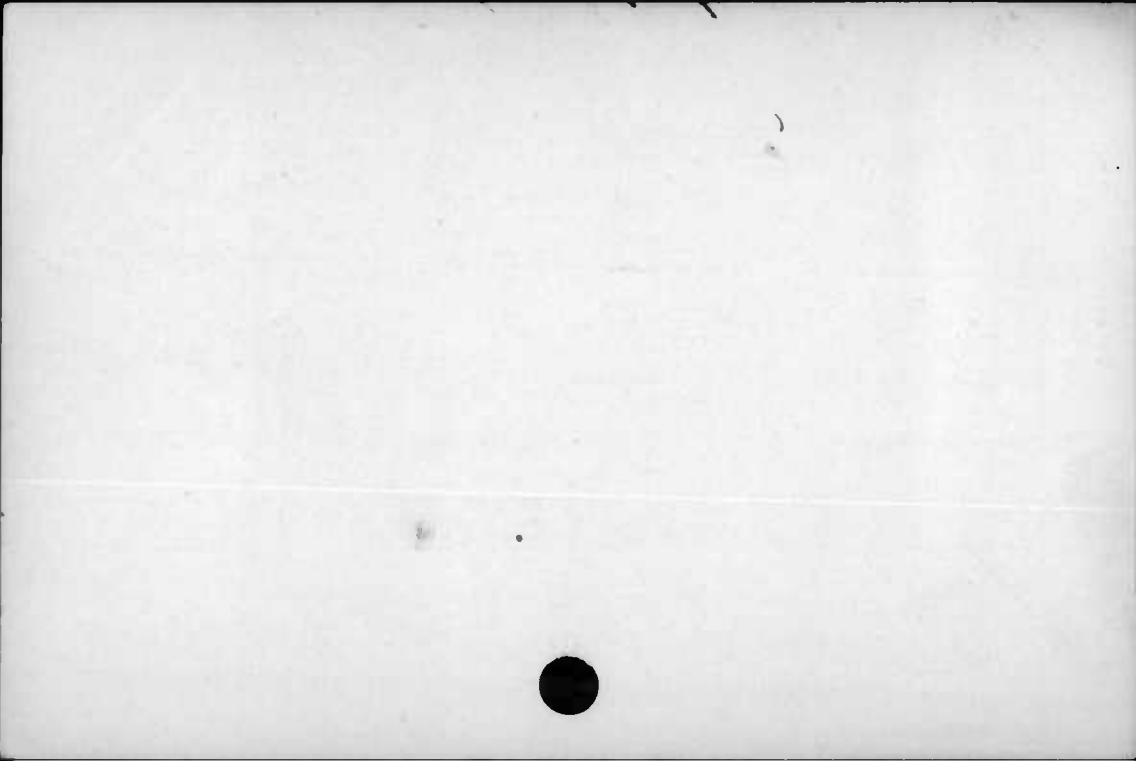
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> <small>Town</small>		<u>Dalbot</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>June</u> <small>Month</small>	<u>9th</u> <small>Day</small>	Age <u>70</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Green Aune</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Widow</u>	Name of <del>Wife</del> <u>Widow</u> <small>Husband</small>				
Father's Name <u>—</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Jas Nelson</u>	How related to deceased <u>Widow</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Sandily</u>	How long <u>(179)</u>
Immediate <u>Heart Failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Jas. H. Henson</u>
	Address <u>Easton</u>
Accident or Suicide?	



Name  
in  
Full

Clement Fisher Stafford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Near Skipton* *Talbot* County  
 Date of death *190* *June* Month *7th* Day Age *67* Years  
 Sex *Male* Color or Race *White* Birth-place *Talbot Co*  
 Occupation *Farmer* Where Residing if not at place of death *Near Skipton*

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Joseph Stafford*Father's  
Birthplace*Delaware*Mother's  
Maiden Name*Ann Stafford*Mother's  
Birthplace*Delaware*Name of person giving  
Information*John Stafford*How related  
to deceased*Brother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Paralysis*

How long

*1 week*

Immediate

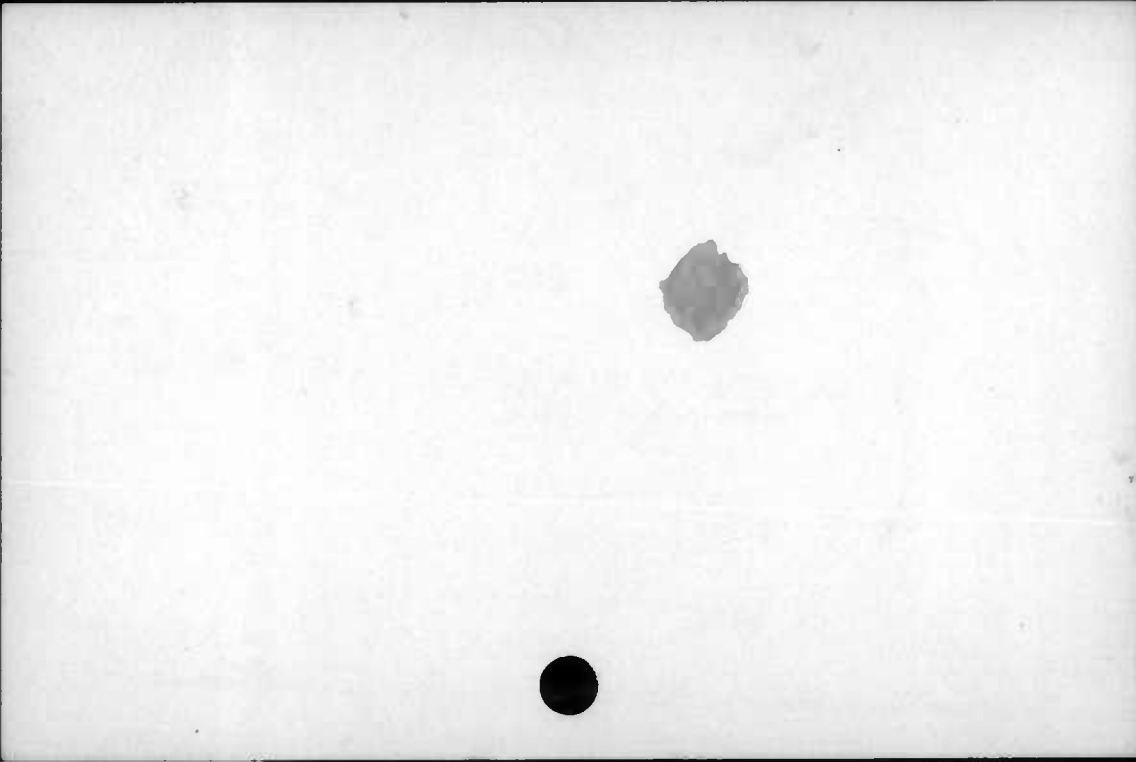
*Exhaustion*

How long

*2 or 3 days*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*E. R. Triple*

Address

*Easton*Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John. Henry Staten</i>		Town <i>Mathews</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Mathews</i>		Month <i>June</i>		Day <i>29</i>		Years <i>70</i>	
Date of death <i>1907</i>		Month <i>2</i>		Days <i>18</i>			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Mathews</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Mathews</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Caroline Gibson</i>					
Father's Name <i>Daniel Staten</i>		Father's Birthplace <i>Not Known</i>					
Mother's Maiden Name <i>Harriet (Unknown)</i>		Mother's Birthplace <i>Not Known</i>					
Name of person giving information <i>William H. Staten</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Diarrhea</i>	<i>106</i>	How long <i>2 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. M. Stille M.D.</i>	
	Address <i>London Md</i>	
Accident or Suicide?		

Chapter



Name  
in  
Full

*Northampton Ellis Street*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

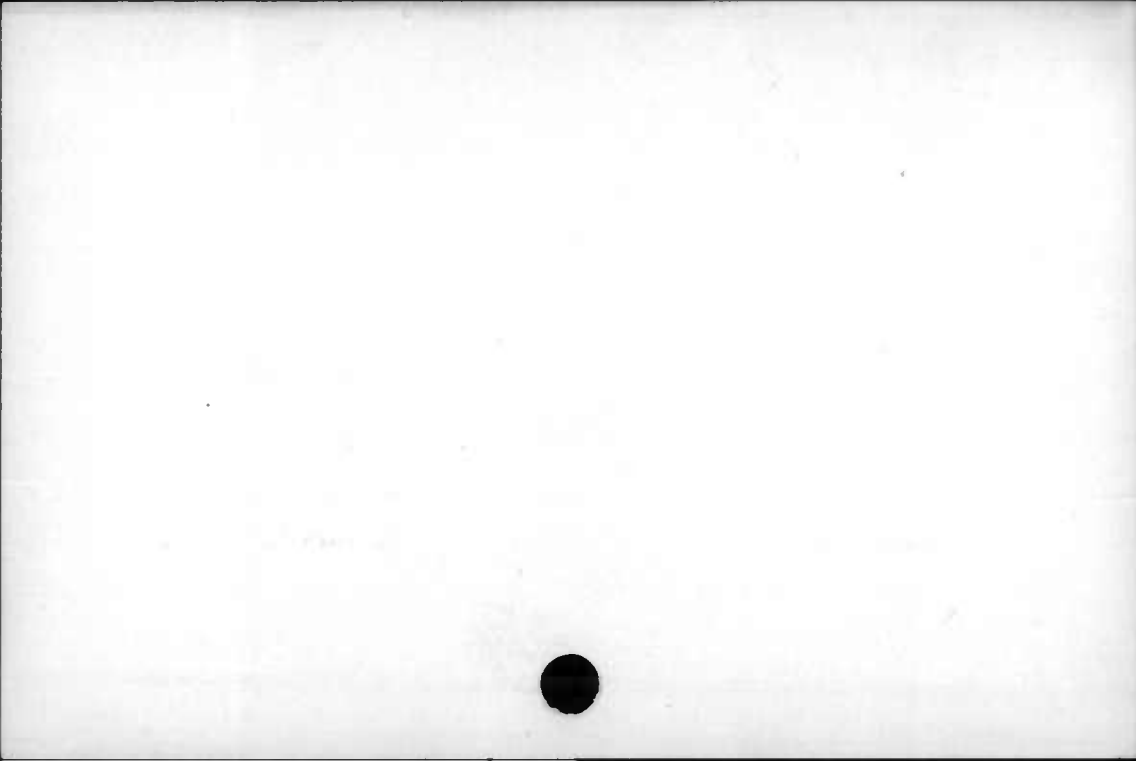
Died at		Town <i>Oxford</i>		County <i>Talbot</i>		State <b>MARYLAND</b>	
Date of death		Month <i>June</i>	Day <i>1</i>	Age	Years	Months <i>9</i>	Days
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Yorba</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>William Street</i>				Father's Birthplace <i>Easton Ma</i>			
Mother's Maiden Name <i>Mrs. Thomas</i>				Mother's Birthplace <i>Oxford Ma</i>			
Name of person giving information <i>Joseph Thomas</i>				How related to deceased <i>Grandparent</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Unknown</i>	How long	
Immediate	<i>Unknown</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Ceder. M.D.</i>	
		Address <i>Oxford</i>	
Accident or Suicide?			

**179**



Name  
in  
Full

Adeline H. Rippe

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

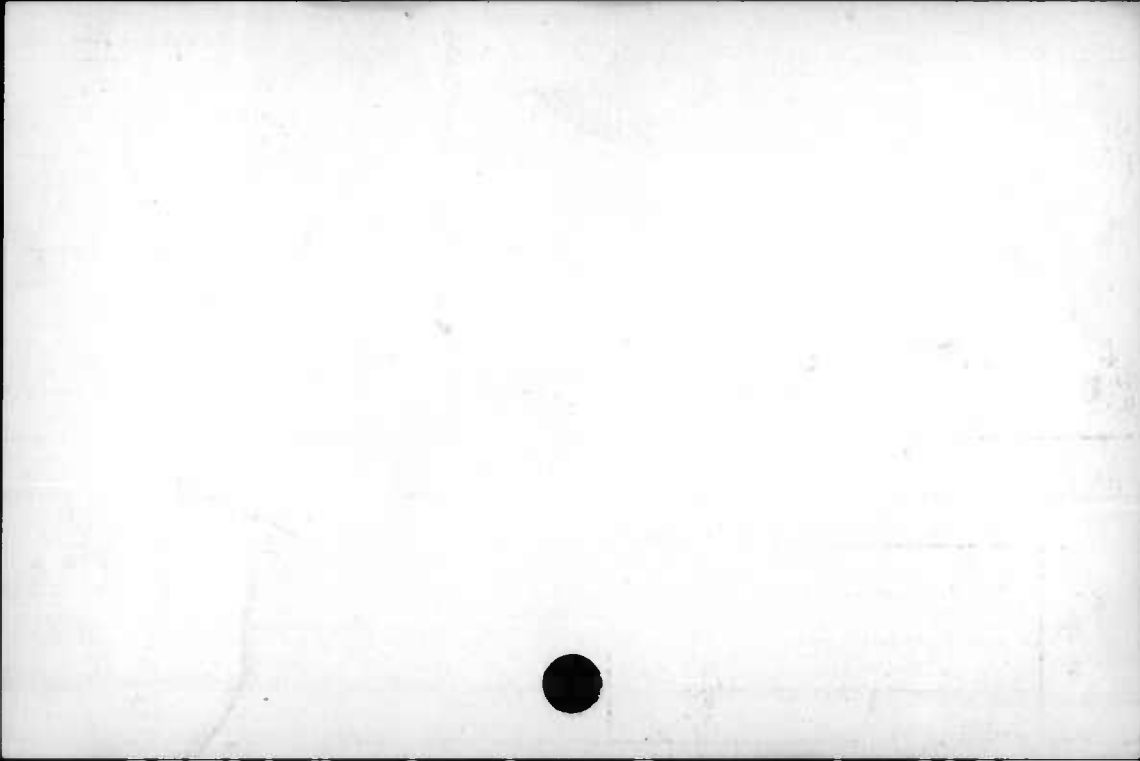
Died at		Town Easton		County Talbot		MARYLAND	
Date of death 1907		Month Jan	Day 18	Age 35	Months 4	Days 5	
Sex Female		Color or Race white		Birth- place Md			
Occupation Lady				Where Residing if not at place of death X			
Married, Single or Widowed Single		Name of Wife or Husband X					
Father's Name Thomas H. Rippe				Father's Birthplace Md			
Mother's Maiden Name Martha S. Mason				Mother's Birthplace Md			
Name of person giving In formation Thos H Rippe				How related to deceased Brother			

## CAUSES OF DEATH

(145)

PHYSICIAN  
OR CORONER

Primary	Leucemia	How long	1 year
Immediate	Exhaustion	How long	few weeks
Are the name, age, sex, color, date and place correctly given above?		YNS	
Signature of Physician		E. R. Rippe	
Address		Easton	
Accident or Suicide?		Md	



Name  
in  
Full

Mrs. Ida C. Tull

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Easton</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>June</i>	Day <i>21</i>	Age <i>53</i> Years	<i>8</i> Months <i>1</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Chatham Co. Ga.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Shirley Okla.</i>				
Married, Single or Widowed <i>Married</i>	Name of <del>Wife</del> Husband <i>Geo. J. Tull</i>				
Father's Name <i>Edwin H. Conley</i>	Father's Birthplace <i>Philad'a</i>				
Mother's Maiden Name <i>Sarah Dancy</i>	Mother's Birthplace <i>Tenn.</i>				
Name of person giving information <i>Miss Conley</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Uterus</i>	How long <i>One Year</i>
Immediate <i>Exhaustion</i>	How long <i>4 or 5 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. J. Davidson M.D.</i>
<i>I saw her first - mch. 29<sup>th</sup> 07</i>	Address <i>Easton, Md.</i>
<i>Accident - Suicide?</i>	

St. David's

Philada for burial

Monday 23rd -

Undertaker in Philada

Clement A Woodmont

1728 - Girard Ave Philada

Fairhill Cemetery

Name  
in  
Full

Martin A. Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

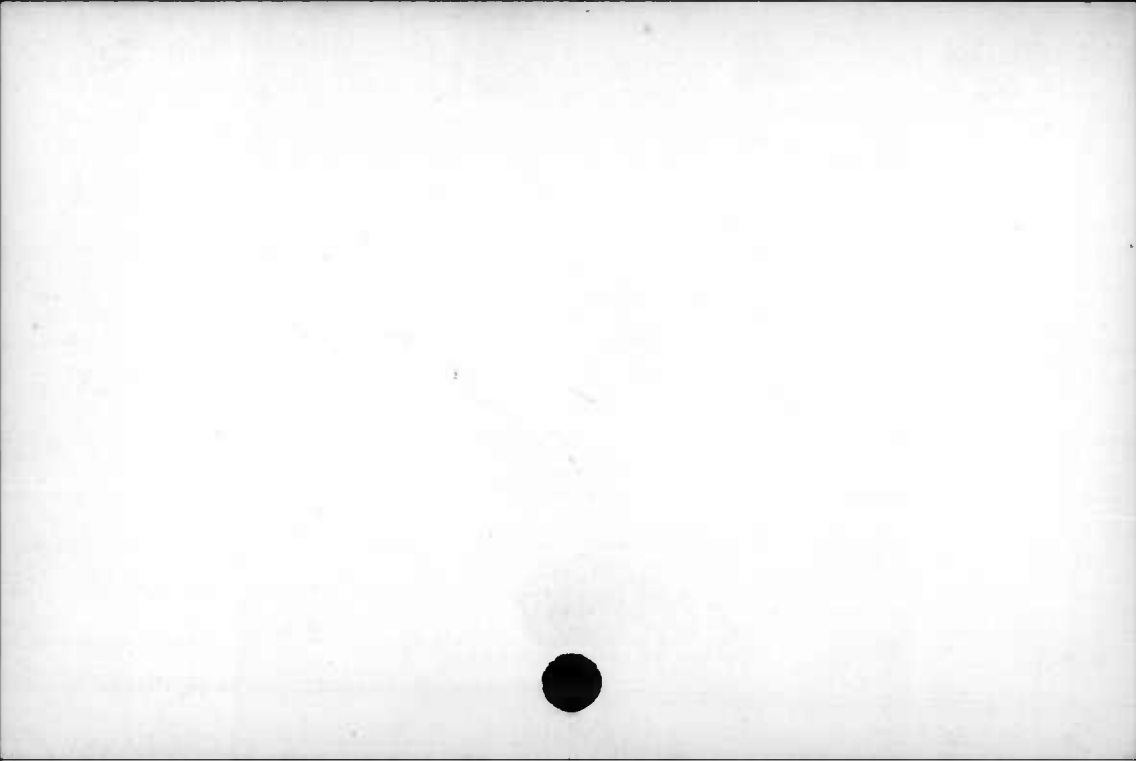
Died at <u>Trappe</u> <small>Town</small>		<u>Talley</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>June</u> <small>Month</small>	<u>2</u> <small>Day</small>	Age <u>12</u> <small>Years</small>	<u>3</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>colored</u>		Birth-place <u>Talley Co.</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <input checked="" type="checkbox"/>		Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name <u>Roach Wilson</u>			Father's Birthplace <u>Talley Co.</u>		
Mother's Maiden Name <u>Carrie Wilson</u>			Mother's Birthplace <u>Talley Co.</u>		
Name of person giving information <u>Margaret Wilson</u>			How related to deceased <u>Grandmother</u>		

## CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary <u>Tubercular peritonitis</u>	How long <u>10 months</u>
Immediate <u>Exhaustion</u>	How long <u>Several weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm S. Seymour</u>
	Address <u>Trappe Md</u>
Accident or Suicide? <u>no</u>	





Name in Full		Matilda A. Stooler				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Near Cordora	County Salmon	MARYLAND		
		Date of death		Month 1	Day 9	Years 57	Months 7	Days —
		Sex		Female		Color or Race		White
		Occupation		Housewife		Birth- place		Michigan
		Married, Single or Widowed		Name of wife or husband		Where Residing if not at place of death		A. W. Stooler
		Father's Name		Henry Chaplin		Father's Birthplace		New York
		Mother's Maiden Name		Rebecca Chapman		Mother's Birthplace		New York
Name of person giving information		A. W. Stooler		How related to deceased		Husband		
PHYSICIAN OR CORONER		CAUSE OF DEATH						
		(64)						
		Primary: Apo Spleen, suppurative, nephritis, nephritis for years.						
		Immediate: Exhaustion						
		How long: Two days						
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		J. W. Ford		
In attendance		2 days.		Address		Cordora Md		
Accident or Suicide?								

